## Washington Electronic Product Recycling Program Processor Registration Form

Identification Number (For official use only)

Definitions are provided at the end of this form for and can also be found in Chapter 173-900 WAC Washington Electronic Product Recycling Program.

General Information			
Name of Company:	Calendar year of registration:		
UBI # TIN #			
Responsible Individual name (see signature section below): Position in organization: Phone: Fax: e-mail address:	Mailing address Street:  City: County: State: Zip:		
Provide the name(s) of the E-product Recycling Plans ( see WAC 173-900) your company provides services for and the date you started providing those services:			
Check appropriate box and provide dates:  Currently operating – Operation start date:  Plan to start operations on  Out of business – Close date:  Operations currently suspended – Restart date:  Provide your service area:  List the county(s) in Washington state where your company accepts electronic products from. List individual cities if you do not provide services in the entire county:			
Commodities processed (check all that apply):  computers, desktop computers, laptops, monitors, for recycling televisions for recycling other			
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ADA Language Form #

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Operating Permits:				
Provide the name of each permit, the permit number, and the name and phone number of agency that issued the permit. (Attach additional pages if necessary)				
Permit Name	Permit Number	Issuing Agency	Phone number for Agency	
Compliance:				
I certify that to the best of my knowledge, the information contained herein about my company is accurate, true and complete and my company is in compliance with all applicable state laws and regulations.				
Signature of responsible increquirements under the WA Elec		n must be signed by the individual responsiram.	sible for implementing the company's	
Print Name of responsible	le individual		Title	
Signature		Date		

Definitions will be inserted here...

- Electronic product
- Processor
- Computers
- Desktops Laptops
- Television
- Monitor

ADA Language Form # 2